Alabama Medicaid
Pharmacy Override

Therapeutic Duplication, Early Refill, Maximum Unit, Brand Limit Switchover, Dispense as Written, and Maximum Cost Override Criteria Instructions

Alabama Medicaid provides reimbursement for covered outpatient pharmacy drugs based on a 34 day supply. Medicaid recognizes that there are certain situations when a pharmacist will receive a hard denial in the system such as: Early Refill, Therapeutic Duplication, Excessive Quantity, Maximum Cost, Brand Limitation Exceeded, and Dispense as Written. In order for the pharmacist to receive reimbursement, an override must be approved by Health Information Designs, Inc. Requests can be made by the pharmacist, physician or their authorized representative. The following Pharmacy Override Instructions may be used as a guide to providers submitting an override request.

Section One
Override Form: General Information

A. Therapeutic Duplication

Therapeutic duplication is the prescribing of two or more drugs from the same therapeutic class such that the combined daily dose increases the risk of toxicity or incurs additional program costs without additional therapeutic benefit. This edit will warn pharmacists when a claim is submitted for a systemically absorbed drug in the same therapeutic class or a non-systemically absorbed drug with the same route of administration as another drug in the patient's active medication history. This edit takes into consideration the exhaustion of previously dispensed medications by calculating the day's supply and the dispensed date.

Providers may request an override if one of the following reasons for the request is indicated. The reasons and documentation requirements for approval of requests for override of the therapeutic duplication edit are as follows.

1. **Strength Change/Dosage Change:** The request may be approved when a different strength of the same medication is required, either a higher or lower strength, with a valid, medically necessary reason for change provided (e.g. initial dose too strong, initial dose not strong enough, B/P too low on initial dose, higher dose needed, lower dose needed, etc.). Theis request can be initiated by the pharmacist, physician, or their authorized representative based on information available from previous medications filled or from information available on the new prescription. The stop date of the medication

being changed or discontinued and reason for the change must be provided. The override request can be made verbally and does not require the physician to sign the Pharmacy Override Form.

2. **Switch Over:** This request indicates that a medication change is medically necessary within the same class. The reason for the change must be included when the request is made. The stop date of the medication being discontinued must be provided as well as the NDC number for the drug being requested. The override request can be made verbally and does not require the physician to sign the Pharmacy Override Form.

3. **Titrations/Concomitant Therapy:** This request is used when the request is for medications within the same class being titrated (initial medication titrated down while second medication is being titrated up) or for concomitant therapy. The name of both drugs should be included along with NDC numbers for each drug. For titration, the timeframe for discontinuation of the medication being titrated down and off should be indicated. Approval may be granted for up to 60 days, but never longer than the calculated time from request to stop date. If the titration "Stop date" is < 60 days from the request date, only the date is needed to justify the request. If the titration "Stop date" is > 60 days from the request date, additional medical justification will be required.

   If there is no indication of a "stop date" for the initial medication the request would be considered for Concomitant Therapy and supportive medical justification for this therapy must be provided. Approval may be given for up to 6 months.

B. Brand Limit Switchover

If the request for brand limit switch over involves brand-name drugs and exceeds the 5 brand per month limit, the request may be approved **only** for specific drugs in the following drug classes: Antineoplastic Agents, Antiarrhythmic Agents, Cardiotonic Agents, Miscellaneous Vasodilating Agents, Miscellaneous Cardiac Agents, Nitrates and Nitrites, Alpha Adrenergic Blocking Agents, Beta Adrenergic Blocking Agents, Dihydropyridines, Miscellaneous Calcium Channel Blocking Agents, Diuretics, Potassium Sparing Diuretics, Angiotensin-Converting Enzyme Inhibitors, Angiotensin II Receptor Antagonists, Mineralcorticoid/Aldosterone Receptor Antagonists, Central Alpha Agonists, Direct Vasodilators, Peripheral Adrenergic Inhibitors, Miscellaneous Hypotensive Agents, Hemostatics, Calcium Replacements, Electrolyte Depleters, Immunosuppresives, Alpha Glucosidase Inhibitors, Amylinomimetics, Biguanides, Dipeptidyl Peptidase-4 Inhibitors, Incretin Mimetics, Insulins, Meglitinides, Sulfonylureas, Thiazolidinediones and Miscellaneous Diabetic Agents.

Approval may be granted only for those agents specified in the classes or subclasses identified above. The request must also justify the need for switch over. If the reason given is failure to respond, specific information must be provided as to how the drug therapy failed. If the reason given is adverse or allergic reaction, the specific side effect symptoms or reaction must be indicated. If drug requested requires PA/override, all PA/override criteria for that drug must be met for switchover approval.

C. Early Refill

Alabama Medicaid limits pharmacy prescription coverage to a 34 day supply. A prescription is considered an early refill when a claim is submitted for a prescription that has not utilized at least 75% of the previous prescription. Overrides for early refills may be approved in the event of extenuating circumstances such as medication destroyed, medication stolen, medication dosage changed, etc. Supporting documentation or medical justification (change in dosage, fire marshal's report, insurance report, police report, etc,) must be provided.

D. Maximum Unit

Maximum units are based according to Food and Drug Administration (FDA) approved indications. If a patient needs a quantity greater than the current maximum units, an override request including appropriate medical justification must be submitted.

E. Maximum Cost

If a drug claim exceeds the maximum allowable cost per claim (a particular dollar amount), then an override is required. A request including diagnosis and justification of the quantity and cost of the medication being billed must be submitted. Exceptions are allowed for blood clotting factor claims.

F. Dispense As Written

Historically, a Dispense as Written (DAW) value of "1" would allow multi-source brand name drug reimbursement to the pharmacy, and would require the physician to include the words "brand medically necessary" in his/her own handwriting on the prescription prior to dispensing.

Effective May 1, 2008, an override will be required for claims for brand drugs with exact generic equivalents. Medicaid recognizes that there may be certain situations that require a brand name product to be dispensed in lieu of the generic equivalent. In order to be reimbursed for the brand, an override, along with a completed FDA MedWatch Form 3500, must be submitted on the Pharmacy Override PA Form. The FDA MedWatch Form 3500 can be found on the FDA website at www.FDA.gov/MedWatch as well as on the Medicaid website.

Overrides may be approved for up to 12 months. Renewals will not require an additional MedWatch form to be submitted. Exclusions to the edit include carbamazepine, levothyroxine, phenytoin, and warfarin; overrides will not be required for reimbursement of the brand products for these drugs. For approval, the MedWatch form must include **clinical** basis for the reason the generic therapeutic equivalent is not appropriate. A physician's unwillingness to complete a form or a patient's unwillingness to take generic drugs do not constitute clinical basis.

Section Two
Override Form: Patient Information

- Record the patient's name as it appears on their Medicaid card and record their Medicaid number.
- Record patient's date of birth.
- Record the patient's phone number with area code.
- Indicate whether the patient is a nursing home resident.

Section Three
Override Form: Prescriber Information

- Record the prescribing practitioner's name and license number, along with phone number and fax number with area codes. Mailing address is optional.
- The prescriber should sign and date in this section on the prescribing practitioner signature line. By signing in the space indicated the practitioner verifies that the request complies with Medicaid's guidelines and that he/she will be supervising the patient during treatment with the requested product. The practitioner further certifies that documentation is available in the patient record to justify the requested treatment.

Section Four
Override Form: Dispensing Pharmacy Information

- Information in this area may be completed by the pharmacy.
- Enter the pharmacy name and NPI number.
- Record the NDC number (or J Code if applicable) for the requested drug.
- Enter the quantity per month of the NDC being requested.
- Enter the phone number and fax number with area codes.

Section Five
Override Form: Drug/Clinical Information

- This section must be filled out for all requests.
- Check the appropriate box for the type of request being submitted.

- Record the name of the drug, the strength requested and the date requested.
- If the request is for an **Early Refill**, indicate the reason for the request by checking the appropriate box. Additional documentation justifying the request must accompany the form as indicated.
- If the request is for a **Maximum Unit or Maximum Cost** override, indicate the diagnosis and medical justification for the requested claim on the override form.
- For **Therapeutic Duplication** or **Brand Limit Switch Over** requests, the names of **both** drugs involved need to be included, along with an appropriate diagnosis, stop date(s), NDC number(s) and reason for change.
- For **DAW=1** requests, check the appropriate box indicating if the override is an initial request or renewal request.
- Any information provided as supportive medical justification must be available in the patient record for review upon request.